Video 3:

I’d like to tell you a little bit about one the tools that we’ve developed - that’s the short set of questions on disability that was designed specifically for censuses but has since received wider application than we even imagined. There’s a real need for quality data and comparable data. I told you earlier about disability prevalence rates that were really fluctuating between low income countries and high income countries. This tool will begin to level the field so that countries are using the same methodology to report disability prevalence rates, and we can then compare them directly. The questions are targeted to the general population, for as I explained, censuses, but specifically to people 5 years and above. They’re not really suitable for children under 5 years of age. So that’s the ideal population. Men and women, people with and without disabilities because we make that disaggregation afterwards when we analyse the data. They could be answered by a proxy in a household survey - where they’re very applicable. You go to a household and talk to the head of the household and ask them about individuals in the household. Or directly, you can ask a person with or without disabilities, and ask about their levels of functioning. As I said, it was designed primarily for a census but it has applications far beyond that. We’ve seen it used in household surveys, and even applications in data registries. As I mentioned earlier, the purpose of the questions is to identify that population that’s at greater risk than the general population of being socially excluded through participation restrictions. The short set of questions includes 6 domains of functioning - vision, hearing, mobility, communication, self-care and cognition. The reason is - that we needed a short set that was suitable for a census and we could only allow one question per domain of functioning. These are complex issues, functioning in different domains, but we were able to come up with single questions for each of these domains that allowed us to capture that information. Other important areas of functioning like intellectual functioning, mental health, couldn’t be captured in a single question – that is why it’s not included in the short set. Now that doesn’t mean that we’ve excluded intellectual functioning from this module – people who have intellectual difficulties or mental difficulties also may have difficulties communicating or difficulty with cognition like remembering or concentrating. So they’re not excluded but they’re not implicitly included. We say that this short set of questions, these 6 domains, will capture the majority of functioning in a population - fully realising that some will be missed, but only the minority. These questions also have four answer categories - no difficulty, some difficulty, a lot of difficulty, cannot do at all. That’s because as I mentioned earlier, disability is not a dichotomy – it’s seldom yes or no. At the end of the day we have to identify a population with disability and a population without disability; we create a dichotomy using the information we have but we capture a spectrum of functioning that mirrors this continuum - that’s very important to realise and capture. These questions have been validated. By that I mean that they’ve been fully tested. What we do is we engage in cognitive testing in countries around the world; we realise that when we sit behind a desk and speak English and develop these questions … that they may work for us - demographers whose work is to develop questions, but when you take them outside of the room or out on the street they have no meaning at all – people don’t understand exactly what we’re trying to capture. So we have to test them. We test them in English and we test them in different languages, have them translated and tested. So that the concepts that were trying to capture are captured. If I have time I’ll give you a little example. In the children’s module we ask if your child has difficulty walking. Some parents in the USA say, yes my child has a lot of difficulty. If you have a two year old you realise that many of those children only want to be carried, always, even though they can walk they want to be carried. So if a parent is frustrated by their child’s ability but their lack of willingness to walk, then they might say that child has a lot of difficulty - but that’s not what we’re interested in. We’re interested in their ability. So the cognitive testing gives us some idea on whether or not the concepts were trying to capture are being captured, or if were getting extraneous information. When we do field testing we can get a better idea how much these patterns of interpretation appear in the data on a larger random scale. Hopefully it’s very small, we can accept a little bit of error but we don’t want it to be too large.